

## LOUISIANA'S START SAVING PROGRAM

### FORM FOR AUTHORIZING AUTOMATIC DEBITS FROM A PERSONAL BANK ACCOUNT

START Saving Program  
PO Box 91271  
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626, ext. 1012  
Internet: [www.startsaving.la.gov](http://www.startsaving.la.gov)  
Fax: (225) 922-1488

**INSTRUCTIONS:** Complete this authorization form if you elect to make monthly deposits that are automatically debited from a personal checking or savings account. You must complete a separate form for each account owned. Contact your bank or credit union to verify the ABA Routing Number prior to submitting this form. Attach a voided check to the bottom of this form and mail to the START Saving Program, Post Office Box 91271, Baton Rouge, Louisiana 70821-9271. You should expect up to a 60 day delay before automatic debits begin from your account. Accounts are debited at 12:01 a.m. on the date that you select. Please make arrangements to have the funds in the account to cover your monthly debit.

#### **IDENTIFY THE EDUCATION SAVINGS ACCOUNT TO RECEIVE THE DEPOSIT**

Account Owner's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

#### **IDENTIFY THE ACCOUNT FROM WHICH AUTOMATIC DEBITS WILL BE DRAWN**

Name of the Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account No. \_\_\_\_\_ Type of Account: Checking \_\_\_\_ Savings \_\_\_\_

Financial Institution's ABA Routing Number: \_\_\_\_\_

Amount to be Debited: \$ \_\_\_\_\_

Select the day of the month that you want the debit to occur: ☐ 1<sup>st</sup> ☐ 10<sup>th</sup> ☐ 20<sup>th</sup>

#### **ACCOUNT OWNER'S AUTHORIZATION**

I hereby authorize the START Saving Program to: Initiate debit entries from the above account and to deposit such debits into my START Saving Account, and, if necessary, credit entries and adjustments for any debits entered in error to my Checking or Savings Account at the depository named above; to debit and/or credit the same to such account; and, to debit the amount on a monthly basis until this authorization has been amended or terminated.

Account Owner's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Mail this form to the START Saving Program at the address shown above.